

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008651

FILED FEB 19 1963 318

Primary Registration District No. 1003

Registrar's No. 1622

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>City St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>Leslie</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Lutheran</u>		d. STREET ADDRESS (If outside, give location) <u>6 mi South</u>	
3. NAME OF DECEASED (Type or print) <u>Pauline C Giebler</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>12</u> Year <u>63</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1 APR 1884</u>
9. AGE (last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and state or country) <u>Springfield</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Noevemann</u>	
14. NAME OF HUSBAND OR WIFE <u>George Giebler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4200</u>		17. INFORMANT <u>Asa Giebler Leslie Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mesenteric thromboses</u> DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>4 1/2</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from <u>Feb 9 - 1963</u> and last saw her/him alive on <u>12 Feb 63</u> Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Pauline Parachak</u>		22b. ADDRESS <u>5203 Chippewa</u>	
22c. DATE SIGNED <u>2/14/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>FEB 15-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dutch Hill</u>	
23d. LOCATION (City, town, or county) <u>RR Leslie Mo</u>		24. FUNERAL DIRECTOR <u>E. J. MEYER - GERALD</u>	
25. DATE RECD. BY LOCAL REG. <u>FEB 14 1963</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley S. Meyer

Licensed Embalmer No. 4639

P. O. Address Clifton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.